THE CENTER FOR Digestive Wellness TRICITIES Gastroenterology

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The state-of-the-art procedure center supporting several regional clinics.

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I, _____ have been instructed and received
Name

Prep # _____ with special instructions as follows:

- ❑ I understand the prep instructions.
- ❑ I will come with a driver.
- ❑ I will call the office with any questions.
- ❑ I understand that if the colon is not adequately prepped, there is a 5 to 15% chance of missing any small polyps.
- ❑ Special instructions:

_____

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I have been made aware that I will be receiving I.V. sedation which will impair my thinking and mobility; therefore, I will need to be accompanied by an adult.

_____
Patient Signature

_____
Witness

_____
Date

Providing you with the quality care we expect for our own family.

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